New Jersey Office of the Attorney General
Division of Consumer Affairs
State Board of Marriage and Family Therapy Examiners
Alcohol and Drug Counselor Committee
124 Halsey Street, 6th Floor, P.O. Box 45040
Newark, New Jersey 07101
(973) 504-6582

PROPOSED PLAN OF C.A.D.C. SUPERVISION

(To be submitted by supervisor.)

(N.J.A.C. 13:34C-6.3(m))

Date: _____

C.A.D.C. name: _____

Certification number: _____ Date certified: _____

Supervisor's Information (Please print clearly.)
(If the C.A.D.C. is supervised by more than one supervisor, submit a separate form for each supervisor.)

Supervisor's name: _____
Last name First name Middle initial

License number: _____ Date licensed: _____
(List all license numbers)

Graduated degree title: _____ Date awarded: _____ College/University

Supervision credential (N.J.A.C. 13:34C-6.3(a)):
Licensure of proposed supervisor: (Check all that apply.)

☐ L.C.A.D.C. ☐ L.P.C. ☐ L.M.F.T.
☐ L.R.C. ☐ L.C.S.W. ☐ Psychologist
☐ Physician, A.S.A.M./A.B.A.M. Certified? ☐ Yes ☐ No
☐ Psychiatrist, A.S.A.M./A.B.A.M. Certified? ☐ Yes ☐ No
☐ Psychiatrist, A.P.A. added credentials in addictions? ☐ Yes ☐ No

Practice/Agency Name and Location
(If more than one location, submit a separate form for each location.)

Name: _____
Agency/Business

Address: _____
Street or P.O. Box City State ZIP code

Telephone number: _____ E-mail contact: _____
(include area code)

Web page: _____ Date supervision commenced: _____

C.A.D.C. job title: _____

Number of hours of individual supervision per week _____ Number of hours of group supervison per week _____

I certify that I have read and will comply with the statute, N.J.S.A. 45:2D-1 et seq., and the regulations at N.J.A.C. 13:34C-1.1 et seq. related to the scope of practice, general obligations, client records, confidentiality and clinical supervision in this supervisory relationship and have reviewed the regulations with the C.A.D.C.

I understand that I am ultimately responsible for the treatment and welfare of the client.

As the supervisor, are you aware of any restriction on the supervisee's certification? ☐ Yes ☐ No
If "Yes," please detail restriction. _____

Do you have any other relationship with the C.A.D.C. as provided in N.J.A.C. 13:34C-6.3(i)? ☐ Yes ☐ No
If "Yes," please submit a written statement with details of that relationship.

THE SUPERVISOR IS REQUIRED TO IMMEDIATELY NOTIFY THE ALCOHOL AND DRUG COMMITTEE OF ANY CHANGES IN THE EMPLOYMENT OF EITHER THE C.A.D.C. OR THE SUPERVISOR.

Certification

I certify that all of the foregoing information provided herein is true and if any information provided by me is willfully false, I am subject to punishment.

Supervisor's signature: _____